

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSIO)

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST				
NAME (Last)	(First)	(Middle)	TELEPHONE	
Grant	Kit		522-5900	
MAILING ADDRESS (Street)			FAX	
P.O. Box 3410			522-5909	
(City)	(State)	(Zip	Code)	
Honolulu	HI	968	96801	
EMPLOYING ORGANIZATION (Fill in only if you are e	employed by a business entity which has been i	retained to lobby)	TELEPHONE	
MAILING ADDRESS (Street)			FAX	
(City)	(State)	(Zip (Code)	

PART II ORGANIZATION	<u> </u>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
American Civil Liberties Union of Hawaii		522-5900	
MAILING ADDRESS (Street)		FAX	
P.O. Box 3410		522-5909	
(City)	(State)	(Zip Code)	
Honolulu	HI	96801	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Vanessa Y. Chong		522-5900	
MAILING ADDRESS (Street)		FÅX	
P.O. Box 3410		522-5909	
(City)	(State)	(Zip Code)	
Honolulu	HI	96801	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
☐ Agriculture	Education	☐ Human Services	Science, Technology & Economic Development			
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	☐ Tourism & Recreation			
Consumer Protection & Commerce	Hawaiian Affairs	☐ Labor & Employment	☐ Transportation			
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & WaterUse Management	Other: (indicate below)			
Ecology, Energy Environmental Protection	☐ Housing	☐ Public Safety & Corrections	Civil Biopts Civil Li Berbies			
PART IV CERTIFICATI	ON OF LOBBYIST					
	I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
16.13						
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(Signature of Lobbyist) (Date)						
p						
PART V AUTHORIZAT	TION TO LOBBY					
NAME		TITLE OF AUTHORIZING OFFICE	R OR PERSON REPRESENTED			
Vanessa Y. Chong		Executive Director				
NAME OF ORGANIZATION (if	applicable)		TELEPHONE			
American Civil Liberties Union of Hawaii		522-5900				
MAILING ADDRESS (Street)		***************************************	FAX			
P.O. Box 3410			522-5909			
(City)	(State)		(Zip Code)			
Honolulu	НІ		96801			
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned. Ot 1707 (Signature of Authorizing Officer or Person Represented)						
(Olynatule Ol)	ramonaling officer of refounding	Joined)	, (Date)			